



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E423510**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	15-01144
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 05 - 05 - 2015	1520	31		
				N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF 0664
				S <input type="checkbox"/> W <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	700
SR 9 SE	MILE POST <input type="checkbox"/>	

DISTANCE 1000	OF (REFERENCE OR CROSS STREET) 4TH ST SE
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	
FEET <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252317976
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LAST NAME	EVANS	FIRST NAME	MATTHEW	MIDDLE INITIAL	S
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STREET NEW ADDRESS	27605 55TH AVE NE
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CITY	ARLINGTON	ST	WA	ZIP	982239142
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	EVANSMS264D8	STATE	WA	SEX	M	D.O.B.	03 - 28 - 1974
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B53665P	STATE	WA	VIN#	2GCEK19K8N1163081
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1992	MAKE	CHEV	MODEL	K10PU	STYLE	PC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MATTHEW EVANS 27605 55TH AVE NE ARLINGTON WA 98223 D: 4252317976

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FOREMOST G00 6795657 00
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3604357914
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LAST NAME	LARA-ROMERO	FIRST NAME	ALFREDO	MIDDLE INITIAL	
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STREET NEW ADDRESS	20227 80TH AVE NE #51
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CITY	ARLINGTON	ST	WA	ZIP	982230000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	LARARA*404JG	STATE	WA	SEX	M	D.O.B.	04 - 07 - 1960
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ALU4751	STATE	WA	VIN#	KMHCU5AE5DU076719
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	HYUN	MODEL	ACCENT	STYLE	4H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ALFREDO LARA-ROMERO 20227 80TH AVE NE ARLINGTON WA 98223 D: 3604357914

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976589375
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	M. HINGTEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E423510**

CASE # **15-01144**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

Veh #1 and Veh #2 were traveling northbound on SR 9, approximately the 700 blk. Veh #2 began slowing to a stop for forward traffic. Veh #1 failed to slow fast enough to avoid impacting Veh #2. Veh #2 impacted the rear section of Veh #1 with the front end of the vehicle. Both drivers were the solo occupants and both indicated that there were no injuries at that time.

The road conditions was compact wet hail, due to a recent storm including both rain and dense hail.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Surface Condition: HAIL

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**

**05-09-15 09:59 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**BOB SUMMERS 079**

**5/11/2015 8:55:39 AM**

BADGE OR ID # **126**

ORI # **WA0311900**

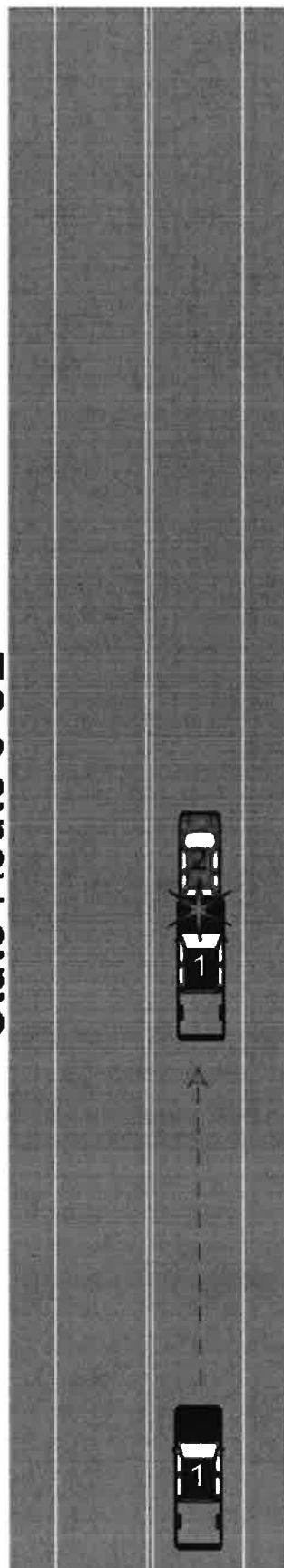
TIME POLICE DISPATCHED **3:22 PM**

TIME POLICE ARRIVED **3:24 PM**



\*Not to Scale\*

State Route 9 SE



Incident History for: #SS15008678

Case Numbers: \$SS15001144

Entered 05/05/15 15:20:58 BY SPCT04 SP0153

Dispatched 05/05/15 15:22:30 BY SPDP17 SP0312

Enroute 05/05/15 15:22:30

Onscene 05/05/15 15:24:18

Closed 05/05/15 15:37:30

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/SR 9 SE , LKS (V)

Loc Info: NB 1 MIN DRIVETIME

Name: EVANS, MATT

Addr:

Phone: 4252317926

/1520 (SP0153) ENTRY , CC, 2 VEHs, BLU CHEV P/U VS. RED ACCENT, PULLED  
TO SHOULDER

/1521 (SP0312) HOLDU 19D2

/1522 DISPER 20T44 #C1245 CASSADY, B. DEP DIVER

/1524 ASSTER 19D2 [500 SR 9/NB SHOULDER]

#SS126 HINGTGEN, OFFICER (MICHAEL)

[500 SR 9/NB SHOULDER]

/1524 ONSCNE 20T44

/1526 ONSCNE 19D2

/1526 CLEAR 20T44

/1535 ASNCAS 19D2 \$SS15001144

/1537 CLEAR 19D2 D/H

/1537 CLOSE 19D2

LSPD  
ORIGINAL